

## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/519,694
Filing Date	October 13, 2005
First Named Inventor	Thomas Gschwind
Art Unit	3747
Examiner Name	Marguerite J. McMahon
Attorney Docket No.	240102.402USPC

Fee Transmittal Form   Fee Attached   Request for Corrected Filing   After Allowance   Communication to TC   Appeal Communication to		<u> </u>	NGLUAUREA I <i>CHECK AN MAI ADC</i>	ENCLOSURES (check all that apply)							
Firm Name  Seed Intellectual Property Law Group PLLC  Signature  Printed Name  Nima A. Seyedali  Date  November 19, 2007  Reg. No.  61,293  Customer Number 00500  Reg. No.  61,293	Fee Attack   Amendment/F   After Final   After Final   Affidavits/   Extension of Texpress Aban Request   Information Distatement and Cited Referent Certified Copy Document(s)   Response to Fee Information of Texpress Aban Request   Information Distatement and Cited Referent and Cited Referent Certified Copy Document(s)   Response to Fee Information of Texpress	Afte Com App Boa Inter App TC ( Rep Prop Stat X Retu Othe	nmunication to TC leal Communication to leal Communication leal Communication leal Communication lear Brief le								
Firm Name  Seed Intellectual Property Law Group PLLC  Signature  Printed Name  Nima A. Seyedali  Date  November 19, 2007  Reg. No.  61,293  Customer Number 00500  Reg. No.  61,293	CICNATURE OF ARRUGANT ATTORNEY OR ACENT										
Printed Name  Nima A. Seyedali  Date  November 19, 2007  Reg. No. 61,293  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited	Firm Name				ustomer Number						
Date November 19, 2007 Reg. No. 61,293  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited	Signature	This.	Odi								
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited											
with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.											
Signature	Signature										
Typed or printed name Date:	Typed or printed		Date:								

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 1063040\_1.DOC

pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). NOV 1 9 THAT TRADEN

Complete if Known 10/519,694 **Application Number** 

Date

November 19, 2007

<sub>2007</sub> \$) FEE	TRANS	MITTA	٦L	Filing Date		October 13,	2005			
For FY 2008 First Named Inventor   I homas Gschwind										
<i>&amp;</i> /	Examiner N	ame	Marguerite J. McMahon							
Applicant claims s	mall entity stat	tus. See 37	CFR 1.27	Art Unit		3747				
TOTAL AMOUNT O	F PAYMENT	(\$)120		Attorney Do	cket No.	240102.402	USPC			
METHOD OF PAYMENT (check all that apply)										
X Check Cred	dit Card	Money Orde	er Oth	er (please identif	y):					
□ Deposit Account	Deposit A	ccount Numb	er: <u>19-1090</u>	Deposit Acco	unt Name:	Seed IP Law	Group PLI	<u>_C</u>		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments										
of fee(s) ur  Warning: Information on t authorization on PTO-2038				tion should not be inclu	uded on this fo	rm. Provide credi	it card informa	ation and		
FEE CALCULATION	· · · · · · · · · · · · · · · · · · ·							-		
1. BASIC FILING, S		EXAMINAT	ION FEES				•			
				DO!! 5550	EXAM	INATION				
	FILING	FEE2	SEA	RCH FEES	F	EES				
		Small Entir	<u>ty</u>	Small Entity	L	Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fees</u>	Paid (\$)		
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130 ^	65				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM	FEES						5	Small Entity		
Fee Description						<u> </u>	Fee (\$)	Fee (\$)		
Each claim over 20 (ir	ncluding Reissu	es)					50	25		
Each independent cla	im over 3 (inclu	ding Reissue	s)				210	105		
Multiple dependent claims 370 185										
Total Claims	Extra Cla	<u>ims</u>	Fee (\$)	Fee Paid	(\$)	Multiple	<u>Depende</u>	ent Claims		
42 -20 or HP	= <u>0</u>	Χ		=		Fee (\$)	Fee	<u>e Paid (\$)</u>		
HP = highest numbe	r of total claims	s paid for, if g	greater than	20.			•			
Indep. Claims	Extra Cla	<u>ims</u>	Fee (\$)	Fee Paid	<u>(\$)</u>					
<u>5</u> -3 or HP	= <u>0</u>	Х		=						
HP = highest numbe	r of independe	nt claims pai	d for, if grea	iter than 3.						
3. APPLICATION S										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets	Extra Shee	ts Nun	nber of eac	h additional 50 c	or fraction	thereof Fe	e (\$) F	ee Paid (\$)		
-100 =		/50 = _	(round	l up to a whole nu	umber)	x				
4. OTHER FEE(S)				•	·		<u>Fe</u>	ees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Extension of Time (1 month) 120										
SUBMITTED BY										
Signature	Alia Il	2_1		Registration No.	61,293	Telephone	206-622-	-4900		

Name (Print/Type)

Nima A. Seyedali